

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049195

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 222Primary Registration District No. 3071Registrar's No. 30

FILED JAN 2 1963

## 1. PLACE OF DEATH

a. COUNTY

SALINE

b. CITY (If outside corporate limits, give TOWNSHIP only)

SLATER

Length of stay in 1b

28 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

ST. PAUL FREEWILL BAPTIST

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

SALINE

c. CITY

OR

TOWN

SLATER

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

133 NORTH PORTER

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

RICHARD

Middle

ROSEVELT

Last

WHITE

4. DATE

OF

DEATH

Month

DECEMBER 23, 1962

Day

Year

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

MAY 6, 1911

9. AGE (last birthday)

51

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PLASTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

FOREST GREEN, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

RICHARD WHITE

13b. MOTHER'S MAIDEN NAME

Jane Ferguson

14. NAME OF HUSBAND OR WIFE

Silas White

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, ~~no~~ or unknown) (If yes, give war or dates of service)

W.W. II

17. SOCIAL SECURITY NO.

18. INFORMANT

Address

Mrs. Silas White, Slater, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN

ONSET AND DEATH

Inst.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension + Diabetes

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased on Investigation Dec 24, 1962 and last saw her alive on 11-25-62 Death occurred at 11-25-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R.L. Swales M.D. Coroner Saline Co Marshall Mo

22b. ADDRESS

Slater, Missouri

22c. DATE SIGNED

12-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

DEC. 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

MT. MORIAN CEMETERY

23d. LOCATION (City, town, or county)

SLATER, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEORGE H. GREEN, FULTON, MO.

25. DATE RECD. BY LOCAL REG.

Dec. 24-1962

26. REGISTRAR'S SIGNATURE

Mrs. Raymond Brame

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by CHARLES R. WILLIAMS, Student Embalmer No. 693

working under my personal supervision.

Student Charles R. Williams  
Signature of Student Embalmer

Signed George H. Bree

Licensed Embalmer No. 4320

P. O. Address Sutton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.